

400 Garden City Plaza
Garden City, New York 11530
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(516) 742-4366 - Facsimile
e-mail: lntprop@ssmp.com

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To:	Examiner Ron E. Pompey	From:	Leslie S. Szivos, Ph.D.
Fax:	703 872-9306	Pages:	20 Including Cover Sheet
Phone:		Date:	1/28/2005
Re:	US Application No. 09/884,670 Filing Date: October 17, 2003 Docket No. YOR920010104US1 (14270)	CC:	

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1. Response Under 37 C.F.R. §1.116
2. Amendment Transmittal (in duplicate)
3. Certificate of Facsimile

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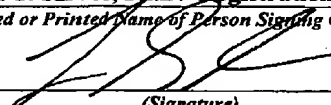
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CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8) Applicant(s): Stephen R. Fox, et al.		Docket No. YOR920010104US1 (14270)	
Application No. 09/884,670	Filing Date June 19, 2001	Examiner Ron Everett Pompey	Group Art Unit 2812


Invention: **DIVOT REDUCTION IN SIMOX LAYERS**

I hereby certify that this Response Under 37 C.F.R. 1.116
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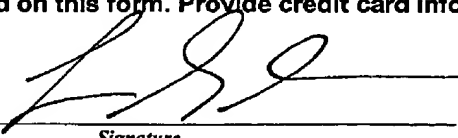
Leslie S. Szivos, Ph.D. Registration No. 39,394
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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. YOR920010104US1 (14270)	
Applicant(s): Stephen R. Fox, et al.						
Application No. 09/884,670	Filing Date June 19, 2001	Examiner Ron. E Pompey	Customer No. 23389	Group Art Unit 2812	Confirmation No. 4482	
Invention: DIVOT REDUCTION IN SIMOX LAYERS						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	38 -	47 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0510/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
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SIMOX LAYERS**Dated:** January 28, 2005**Confirmation No.** 4482Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**RESPONSE UNDER 37 C.F.R. § 1.116**

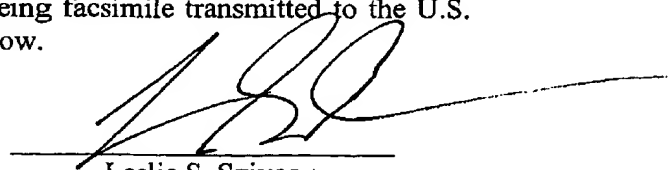
Sir:

In response to the Office Action dated November 30, 2004, applicants submit the following amendments and remarks for entry of record in the above-identified patent application.

CERTIFICATION OF FACSIMILE TRANSMISSION

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Dated: January 28, 2005



Leslie S. Szivos